SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

ı	F	FOR LINE NUMBER:						PAGE 177 OF				
	(0	(check only one)										
		X	11a		11b		11c		12			
			13		14		15		16		17	

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Political Action Committee (T-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rowland, David, D, Date of Receipt Mailing Address 385 Washington Street 2017 City Zip Code State Transaction ID: A2017-2528460 MN St. Paul 55102 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **EVP Fixed Income Investments** Travelers Indemnity Co Receipt For: Aggregate Year-to-Date ▼ Primary General 2200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Roy, David, J, , Date of Receipt Mailing Address 90 Lamberton Road 2017 City State Zip Code Transaction ID: A2017-2378092 CT Windsor 06095 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travelers Indemnity Co 2VP Forensic Field Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Roy, David, J., Date of Receipt Mailing Address 90 Lamberton Road 22 2017 City State Zip Code Transaction ID: A2017-2528665 CT Windsor 06095 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travelers Indemnity Co 2VP Forensic Field Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....